



NATIONAL ASSOCIATION  
OF  
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

Marvin Ventrell  
Chief Executive Officer

January 26, 2021

Honorable Joseph R. Biden  
President of the United States  
1600 Pennsylvania Avenue  
Washington, DC 20500

Dear President Biden,

Congratulations on your decisive victory as our 46<sup>th</sup> President. The members and staff of the National Association of Addiction Treatment Providers (NAATP) are anxious to work with the Biden-Harris administration to address the critical issues around substance use disorder (SUD) in America. We sincerely appreciate your many years of demonstrated support for the field and understanding that SUD is a medical condition and not a moral failing.

The National Association of Addiction Treatment Providers, founded in 1978, is a national professional membership association of SUD treatment providers, comprised of approximately 1000 locations providing the full spectrum of services along the entire addiction and recovery continuum of care. NAATP provides training, education, and technical assistance to the field while conducting research that enhances treatment and access to care for all. Now in our 43<sup>rd</sup> year of consecutive service the treatment field, NAATP convenes and collaborates with our sister societies, such as the American Society of Addiction Medicine, to produce a more unified and effective response to the treatment of this deadly disease.

As you certainly know, prior to the COVID-19 pandemic, the only public health emergency in America was related to substance use disorder. In 2019, it was estimated that 20.4 million people ages 12 and older suffered from a substance use disorder. New CDC data indicates that nearly 80,000 people died of drug overdoses between June 2019 and May 2020, the highest number of overdose deaths ever recorded during a 12-month period. Overdose mortality rates have continued to rise among Black, Asian, Latino, and Indigenous Americans as well as among older adults. Further, beyond those devastating statistics, we know that alcohol use disorder continues to be the most prevalent substance disorder, causing the greatest number of deaths every year. Sadly, we also know that the vast majority of people suffering from addiction do not receive care to a degree hugely disproportionate to any other disease.

These alarming statistics are only expected to worsen as a result of the COVID-19 pandemic, as U.S. adults report experiencing worsening mental health, increased substance use, and greater suicidal ideation, with younger adults and people of color being hit the hardest. People living with SUD are at a higher risk for contracting COVID-19, and they experience disproportionately adverse outcomes when they do receive a COVID-19 diagnosis. Enforcing the Parity Law and improving coverage for and access to high quality substance use disorder is desperately needed.

There is a critical need and a tremendous opportunity for the incoming Biden-Harris Administration and Congress to take swift and decisive action to combat these converging public health emergencies, especially as they continue to have a disproportionately adverse impact on our BIPOC communities. Additionally, your administration has an opportunity to improve substance use disorder treatment delivery, and healthcare in general, for millions of Americans.

The National Association of Addiction Treatment Providers respectfully makes the following recommendations:

#### Achieving Health Equity

- We support your decision to establish a White House Office of Health Equity with explicit focus on the ability of Black people, indigenous people, immigrants, and other people of color to access high-quality, clinically appropriate SUD services, medications, and support.
- Detail HHS's plans to improve the health outcomes of Black, indigenous, and other people of color and to strengthen access to culturally and linguistically effective, community-based care, including SUD care.
- Require every state, territory, and locality to collect, analyze, and publicly report on health outcomes by race, ethnicity, primary language, and disability status.
- Immediately restore Section 1557 non-discrimination protections and rescind the public charge rule.

#### Addressing the Needs of People with SUD as a Part of COVID-19 Response

- Prioritize for COVID-19 vaccine distribution people with SUD and their service and care providers and ensure non-discriminatory, equitable access to COVID testing, treatment, and vaccination.
- Ensure SUD treatment service providers are identified as frontline health workers and that they have access to healthcare providers assistance funds as well as PPE.
- Require data collection, analysis, and public reporting of all COVID testing, cases, and deaths by race, ethnicity, disability status, gender identity, sexual orientation, and age.
- Revise CMS's definition of telehealth in the Medicare program to authorize and allow reimbursement for audio-only service delivery.

#### Covering People Who Need MH and SUD Care

- Create incentives to encourage the states that have not yet expanded their Medicaid population to do so, and make regulatory changes to make Marketplace coverage more affordable for people without job-based coverage.
- Rescind the harmful Medicaid work requirement and block grant guidance and withdraw approvals of state waivers that restrict coverage.
- Eliminate the Medicaid IMD exclusion, which limits treatment options for a significant population.
- Remove barriers to enrollment by expanding outreach, support for navigators, and establishing a special enrollment period

## Improving Access to SUD Services and Health Outcomes

- Identify how HHS will work with Congress to secure adequate investment in the infrastructure of community-based, culturally and linguistically effective SUD care.
- Issue guidance requiring plans to annually submit Parity Act compliance reports and quantitative data and ensuring that parity violations are resolved prior to sale of or enrollment in the plan.
- Issue guidance on the requirement that all medical necessity determinations for SUD care be based on generally accepted standards of care and clinical appropriateness that have been applied faithfully, and that all health plans are required to comply with the Parity Act's disclosure requirements of medical necessity criteria.
- Reduce barriers to medications for opioid use disorder by enforcing the SUPPORT Act requirements for coverage of all FDA-approved addiction medications in each state's Medicaid program and directing state Medicaid programs to reduce prior authorization and other utilization management barriers to medications for opioid use disorder (MOUD).
- Modify the SAMHSA provider list to include credentials and determine appropriate treatment referrals.

## Promoting Delivery System and Payment Reforms

- Issue guidance to states on ways to more effectively deliver SUD care in medical settings.
- Issue Medicaid guidance to the states on ways to leverage section 1115 waiver opportunities to strengthen access to the full continuum of SUD care, improve care integration for children and adults, and better meet the needs of people at risk for or who have been involved in the criminal legal system.

## Chronic Disease Prevention, Early Intervention, and Wellness

- Develop an administration plan to cohesively and comprehensively engage with primary care providers and schools to ensure effective early intervention to keep children and young people healthy.
- Issue guidance to states and localities on better addressing young people's prevention and early intervention substance use and mental health needs that have been exacerbated by the COVID-19 pandemic.

Clearly, these recommendations require a coordinated approach to Administration policy. We strongly encourage a reinvigorated and re-directed Office of National Drug Control Policy and would support elevating the Director to Cabinet-level status. The focus over the last four years has been on interdiction and border control. ONDCP was designed to coordinate and approve policy across agencies. We encourage a restoration to that objective with a focus on treatment and recovery. Additionally, we pledge to work with ONDCP to promote quality assurance, so that frequently scarce treatment resources are effectively utilized.

As a supporter of the Mental Health Parity and Addiction Equity Act as a United States Senator, you have long been aware of the disparity of insurance coverage for substance use disorders. Despite its passage in 2007, enforcement of this critical element of treatment access remains limited and uneven. We encourage ONDCP and SAMHSA to make uniform enforcement a strong priority.

Congratulations, Mr. President, and thank you for assuming this tremendous responsibility. These past pandemic months have devastated the addiction population and presented enormous operational obstacles to providing treatment. Yet, our treatment centers persevered and our thousands of workers on the dangerous front lines of care never wavered in their dedication to service and are poised to continue. Now, our field and the patients we serve need your Administration's help. At NAATP, and on behalf of our treatment provider community, we pledge to assist your Administration in any and all ways possible as we work to unify as a people and work together to address the devastation of addiction.

Sincerely yours,

A handwritten signature in black ink that reads "Marvin Ventrell". The signature is written in a cursive, flowing style.

Marvin Ventrell, CEO  
National Association of Addiction Treatment Providers

cc: Vice President Harris  
HHS Secretary Becerra  
Director, Office of National Drug Control Policy  
Administrator, SAMHSA  
Health Equity Task Force, Dr. Nunez-Smith